

APPLICATION DATA SHEET

Electronic Version v1.4

Stylesheet Version v1.4.0

| | | | |
|--|---|--|--|
| Title of Invention | APPARATUSES FOR CRIMPING AND LOADING OF INTRALUMINAL MEDICAL DEVICES | | |
| Application Type: regular, utility Attorney Docket Number: S63.2-11023-US01 | | | |
| Correspondence address: Customer Number: 490 *490* | | | |
| Inventors Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Daniel Family Name: Perreault City of Residence: Ham Lake State of Residence: MN Country of Residence: US Address-1 of Mailing Address: 4805 168th Lane NE Address-2 of Mailing Address: City of Mailing Address: Ham Lake State of Mailing Address: MN Postal Code of Mailing Address: 55304 Country of Mailing Address: US Phone: Fax: E-mail: | | | |

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Mark
Family Name: Edin
City of Residence: Minneapolis
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 5100 6th Street NE #21
Address-2 of Mailing Address:
City of Mailing Address: Minneapolis
State of Mailing Address: MN
Postal Code of Mailing Address: 55421
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Bruce
Family Name: Asmus
City of Residence: Minnetonka
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 13906 Knollway Drive N.
Address-2 of Mailing Address:
City of Mailing Address: Minnetonka
State of Mailing Address: MN

Postal Code of Mailing Address: 55305

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Attorney Information:

| Name | Registration Number |
|------------------------|---------------------|
| Lisa L. Ryan-Lindquist | 43071 |

Assignee 1:

Organization Name: Scimed Life Systems, Inc.

Address-1 of Mailing Address: One Scimed Place

Address-2 of Mailing Address:

City of Mailing Address: Maple Grove

State of Mailing Address: MN

Postal Code of Mailing Address: 55311

Country of Mailing Address: US

Phone:

Fax:

E-mail: